

CHULA VISTA POLICE DEPARTMENT

TEEN POLICE ACADEMY APPLICATION



Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Driver's License Number: _____

Home Address: _____
(Street) (City) (state) (Zip Code)

Home Phone: _____ Cell Phone: _____

email _____

Name of High School: _____ (circle) 9th 10th 11th 12th

Have you ever been arrested or contacted by law enforcement? If yes, briefly explain:

Why do you want to attend this academy? How will it benefit you? What do you bring to this experience? _____

Are you currently involved in community or extra-curricular activities at your school or in your community? Please describe:

Name of Parent or Legal Guardian: _____ Relationship _____

Address: _____
(Street) (City) (State) (Zip Code)

Employer: _____ Work Phone: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Signature of Applicant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

By signing this document you acknowledge the Chula Vista Police Department will conduct a background investigation, which may include an electronic inquiry into the applicant's personal criminal history, DMV records, or other law enforcement databases.

